

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **CA/116589** FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		3				
5		3				
6	1					
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		3				
14	1					
15		1				
16		1				
17		3				
18		3				
19		1				
20		1				
21	1					
22		1				
23		2				
24		1				
25		1				
26		1				
27		1				
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36		1				
37		2				
38		2				
39		2				
40		1				
41		1				
42		1				
43		1				
44	1					
45	1					
46		2				
47		2				
48	1					
49	1					
50	2					
TOTAL IND.			↓		↓	
TOTAL DEP.			↓		↓	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1					
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
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96						
97						
98						
99						
100						
TOTAL IND.		19		↓		
TOTAL DEP.		65		↓		
TOTAL CLAIMS		84		↓		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS